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7590

06/15/2004

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, DC 20004



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,450	07/09/2001	Luciano Pedrini	P66652US0	4235

TITLE OF INVENTION: METHOD FOR THE PURIFICATION OF BLOOD BY MEANS OF HEMODIALYSIS AND/OR HEMOFILTRATION AND APPARATUS FOR PERFORMING SAID METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/15/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
KIM, SUN U	1723		210-646000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JACOBSON HOLMAN PLLC
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fresenius Medical Care Deutschland GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bad Homburg, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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Authorized Signature <i>Harvey B. Jacobson, Jr.</i>	(Date) 14 SEP 2004
Harvey B. Jacobson, Jr. Reg. No. 20,851	
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09/15/2004 EABUBAK2 00000162 09900450

01 FC:1501
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